ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | 6 | 11-20-00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | 3-2-01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

✔ .......................... Rejected
= .......................... Allowed
— (Through numeral)... Canceled
÷ .......................... Restricted

N ..................... Non-elected
I ..................... Interference
A ..................... Appeal
O ..................... Objected

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)